

The Effectiveness of Anger Management Training in Reducing Bullying Behavior among School-Age Children

Dini Tryastuti*

Universitas Islam Negeri Syarif Hidayatullah, Jakarta

Artikel information

Article history:

Received; 01 October 2021

Revised: 10 December 2021

Accepted: 20 January 2022

Correspondence author:

Dini Tryastuti

E-mail:

dini.tryastuti@uinjkt.ac.id

International Journal of
Nursing and Health Services
(IJNHS)

Volume 5 Issue 2, April 20th,
2022

DOI: 10.35654/ijnhs.v5i2.598

E-ISSN: 2654-6310

Abstract

Introduction: Bullying is frequently violent behavior by an individual or group against a weak individual. Bullying behavior may have a negative effect on both a bully and a victim. The Incident of bullying has increased. Therefore it needs to get serious attention. Anger management training was one intervention for decreasing bullying behavior. The prior intervention rarely used anger management that included calming techniques, cognitive restructuring, and assertiveness (Communication Technique). **Objective:** This study aimed to examine the effect of anger management training in reducing bullying behavior in school-age children in Cimanggis Depok City. **Method:** The design of this study was a quasi-experiment pre-posttest with a control group. The study sample consisted of 80 elementary school students who have experienced bullying others, the intervention group had 40 respondents, and the control group had 40 respondents. The sample of the study was selected by random sampling technique. **Result:** The result showed that anger management training effectively reduced bullying behavior in school-age children ($p < 0,001$). **Recommendation:** It was recommended to use anger management training in reducing bullying behavior among school-age children.

Keywords: Anger Management, Bullying, School-Age Children

This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License CC BY - 4.0



INTRODUCTION

School-age children were a critical period in human growth and development. School age was the establishment phase of human behavior. School-age children are a strategic target for health programs because of the large numbers that approximately 25% of the total population of Indonesia. According to BPS (1), Indonesia's number of school-age children was the second rank. There are 23.3 million School-age children in Indonesia, and it was predicted to increase in 2029 to be almost 24 million. The number of school-age children was huge; therefore, they need to be developed to improve the nation (2).

School-age children need excellent education to improve their personality, spirituality, and self-control. A school is an institution improved to provide learning spaces and learning areas for teaching school-age children (Dickson et al., 2019). A School is a comfortable place for students to get a good attitude and excellent academic performance. Still, when there are children who bully others, it can be very stressful for other students (3).

Bailey et al. (4) stated that bullying is aggressive behavior among school-aged children that involves a real or perceived power imbalance, repeated behavior, or has the potential to be repeated. In addition, bullying includes four types that are verbal bullying is saying or writing means things. Social bullying, sometimes referred to as relational bullying, involves hurting someone's reputation or relationships; and Physical bullying involves hurting a person's body or possessions and the last. Both kids who are bullied and who bully others may have a severe lasting problems (5).

Trip et al. (6) stated that bullying could occur in the children's absence of good role models because children tend to imitate the behavior of adults. Thus adults may unwittingly be contributing to the causes of bullying behavior. Inappropriate shows on television and violent video games also increased the number of school bullies. They

learn from TV shows and games that show anger and violence (7).

Anger can be both an expression and a cause of bullying. Uncontrolled and unresolved anger can lead someone or a group to bully someone for expressing their feeling (8). Anger is the feeling and an intensely emotional state is induced by a strong sense of displeasure, hurt, hopelessness, helplessness, and powerlessness. The negative aspects of anger are that someone can have disruption of thinking, unnecessarily defend herself, become aggressive and become known as an angry person (9)

There are many adverse effects of anger on individuals. One of them was bullying behavior, so anger needs to be managed by intervention like psychological treatment (8). Anger management was one intervention for bullying behavior, but prior researchers' treatment only used one approach. The prior intervention rarely used anger management, including three calming techniques, cognitive restructuring, and assertiveness (Communication Technique). For this reason, the purpose of this study was to investigate the effectiveness of anger management training in reducing bullying behavior in school-age children.

OBJECTIVE

This study aimed to find the effect of anger management training in decreasing bullying behavior in school-age children in Cimanggis Depok City.

METHOD

Design

This research is an observational analytic study with a cross-sectional study design.

Sample, sample size, and sampling technique

In this study, the sample was 80 students who have bullied others. Selected using a random sampling technique, The study involved an intervention group (40

respondents) and a control group (40 respondents).

Instrument for data collection

The researcher developed the questionnaire. The questionnaire consists of 20 questions (5 Questions about verbal bullying, 5 Questions about social bullying, 5 questions about physical bullying, and 5 questions about cyberbullying). It has been tested (Cronbach's alpha 0,928 and $r > 0.361$).

Data collection process

The researcher did a screening to find people who bullied others in 4 elementary schools in Cimanggis Depok City. The screening detected 289 children who bullied others, and then 80 children were chosen to be respondents.

The study involved an intervention group (40 respondents) and a control group (40 respondents). Three days before intervention, both groups did a pretest by using questionnaires. The intervention group received three sessions of anger management training three days a week. The first session was the calming technique (4 hours) using case discussion, behavioral modeling, and individual role-play techniques.

The second session used cognitive restructuring (4 hours) using cases discussion, personal activities, and role-play scenarios. The last was the assertive communication technique (4 hours) using case discussion, behavioral modeling, individual exercises, and role-play techniques. While the control group received a leaflet about bullying. 2 weeks after the intervention, respondents did a post-test by using questionnaires

Before data collection, each respondent received an explanation of the research objectives and advantages. After that, they were given informed consent. This study did not have a dropout

Data analysis

The data analysis used was the chi-square test, dependent t-test, and

independent t-test. The Chi-square test was used to determine different categories of age and gender. Type of family and parent's income. A dependent t-test was used to assess bullying behavior in each group. An independent t-test was used to determine the mean ages of both two groups before intervention. It also determines the difference in decreasing bullying in both two groups.

Normality and homogeneity test. Normality was tested using the Shapiro Wilk test, and homogeneity was tested using Levene's test. Based on table 2, the probability values for the two groups were normally distributed ($p > 0.05$) both before and after the intervention.

homogeneity results with Levene's test also showed homogeneous data on the value of bullying behavior before, after, and in terms of difference ($p > 0.05$). Based on the result of the two tests, the study hypothesis was tested using the parametric statistical test.

RESULTS

Characteristic of respondents

In sample characteristic data, no difference was observed in mean age, gender, type of family, and parent's income in both respondent groups before treatment. With p-value > 0.005 .

Paired Sample T-Test Results

Based on table 3, there was no significant difference in the value of bullying behavior before and after intervention in a control group with a p-value of 0.253 (< 0.05). There was a significant difference in bullying behavior before and after among the intervention group, with a p-value of 0.001 (> 0.05)

Test Results For the Difference in Decreased bullying behavioral

Based on table 4, a Comparison Of the mean decrease in bullying behavior shows there was a significant difference in decreasing bullying behavior in both groups, with a p-value of 0.001 ($p < 0.05$)

Tabl 1. Characteristic of respondents

Characteristics of respondent	Treatment group (n=40)		Control Group (n=40)		P
Age (Years) : Mean (SD)	10.5 (0.2)		10.7 (0.35)		0.21
Gender					
Male : n (%)	29 (72.5%)	11	30 (75%)	10 (25%)	0.071
Woman : n (%)	(27.5%)				
Type of family					
Extended family : n (%)	13 (32.5%)	21	11 (27.5)	23	0.571
Nuclear Family : n (%)	(52.5%)		(57.5)		
Single Parent Family/Step family : n (%)	6 (15%)		6 (15)	29 (72.5%)	
Parent's Income					
≤ Regional minimum wage (UMR) : n (%)	30 (75%)		11(27.5%)		0.082
> Regional minimum wage (UMR) : n (%)	10 (25%)				

Table 2. Normality and Homogeneity Test Result For Bullying Behavior Score before and after intervention

Group	Test for normality with the Shapiro-Wilk Test					Homogeneity result with Levene's test
	Treatment group	p	Control group	p		
	Mean±SD		Mean±SD			
Bullying Behavior Score Before	60.4 (0.335)	0.419	61.8 (0.559)	0.315		0.882
Bullying Behavior Score After	39.6 (0.338)	0.267	58.7(0.411)	0.253		0.442
The difference in Bullying Behavior Score	11.7 (0.631)	0.117	3.2 (0.713)	0.144		0.089

Table 3. Paired Sample T-Test Results

Group	Before intervention	After intervention	P
	Mean±SD	Mean±SD	
Intervention group	60.4 (0.335)	39.6 (0.559)	0.001**
Control group	61.8 (0.338)	58.7 (0.411)	0.253**

Table 4. Test Results For the Difference in Decreased bullying behavioral

Variable	Group	N	Average	SD	P
The difference in Decrease in Bullying behavior Score	Treatment Group	40	11.7	0.631	
	Control Group	40	3.2	0.731	0.001***

***Independent T-Test

DISCUSSION

Based on the characteristic of the respondent, no difference was observed in mean age, gender, type of family, and parent's income in both groups of the respondent before intervention. It means the characteristic of respondents was homogeny. In addition, Based on the frequencies and percentages of respondents' characteristics, most of the gender of the student was male. This result was in line with research by Harvey et al. (10). Most of the gender of a bully were male. Josephs et al. (7) stated that males tend to bully others. It is related to the empathy of males less than females. Empathy has historically been understood as a cognitive function that allows an individual to be aware of another's thoughts and feelings and an effective reaction or an ability to understand another's feelings. Gonzales et al. (11) stated that lack of empathy is a significant factor in bullying, and it must be addressed in the situation where students bully and assault other students.

Most of the parent's income is less than the regional minimum wage. It can be related to the economic characteristic of the student. Findings from the study by Gomes et al. (12) also showed that most bullies have a low-income families. Asvaroglud and Bekirogullari (13,10) stated that students who have a low-income families tend to bully others. They do not receive the psychological needs of family members - trust, nurturing, intimacy, belonging, bonding, identity, separateness, and connectedness, need response patterns in the family and the therapeutic role of the individual. Their parent works hard all the time. Therefore they have little time to interact with their children. That condition will make them challenging to create good relationships with others.

Based on the result of bivariate analysis, there was a significant influence on bullying behavior after following anger management training by using three

methods of anger management training. The first was The calming technique (4 hours) by using cases discussion, behavioral modeling, and individual exercises role play. The second session was cognitive restructuring (4 hours) using case discussion, personal activities, and role-play techniques. The last was the assertive communication technique (4 hours) using case discussion, behavioral modeling, individual exercises, and role-play technic). This result is in line with prior researchers. Anger management training is one of the effective interventions to reduce bullying because it can manage the feeling of aggression or anger when someone has the desire to bully others (14).

The calming technique was effective in reducing bullying behavior. This result is in line with the result of prior research (15,11). The calming technique controls outward behavior and maintains the internal, taking steps to lower the heart rate, calm down, and let the feelings subside. The calming technique in this study uses a deep breath as a powerful determinant of physical state. It can make someone feel calm and warm so that someone expresses anger positively. In addition, the calming technique can reduce the emotion of anger because breathing rate and heart rate both increase when someone becomes emotionally aroused. The method of a deep breath is Breathing slowly, with the eyes closed, and using your entire diaphragm (16). Also found a similar result with prior research (17). He conducted the calming anger management technique on students aged about 12-13. It showed decreased bullying behavior in students after two weeks of intervention.

Cognitive restructuring was effective in reducing bullying behavior. This result is in line with Rees et al. (18) and Tintory et al. (19), cognitive restructuring was a part of anger bullying training. It was a helpful technique for countering negative thinking and irrational thoughts, and the last is assertively expressing angry feelings is the healthiest way to express anger. Oade (20)

stated that cognitive restructuring is learning to identify and dispute irrational or maladaptive thoughts known as cognitive distortions. In addition, to do a cognitive restructuring, someone has to learn and find how to make clear and get them met without hurting others. This is supported by another researcher, Dickson et al. (21), who investigated the effectiveness of anger management training with cognitive restructuring on bullying behavior in children. A bullying questionnaire was completed by 376 students aged about 15-17 after training. The result of the study found that there was a decreasing bullying behavior in children who have bullied others.

Another research by Chaux et al. (22) showed that using an assertive approach in anger management could decrease bullying behavior. Assertiveness means expressing the point of view clearly and directly while respecting others. In addition, assertiveness is a style of communication that many people struggle to put into practice. Still, communication in an assertive manner can help minimize bullying behavior and have a more positive relationship with friends, family, and others. Being strong doesn't mean being pushy or demanding. It means that respectful of self and others. Others are treated with respect, often compromise and use straightforward language to get the point across—characteristics of assertive communication state point of view, normal tone, normal volume, and eye contact.

Anger management training can decrease bullying behavior in children. The most comprehensive anger management program includes all of the following topics: calming techniques, cognitive resolution, and assertive communication. As a result that three methods of anger management can use comprehensively. It can give decreasing of bullying behavior optimally

CONCLUSION

Based on this research, anger management with three aspects (calming technique, cognitive restructuring, and assertive communication) can be one of the

most common therapeutic interventions for children. Anger management was the way to express anger positively. Anger management consists of whole techniques such as calming techniques, cognitive restructuring, and assertive communication. Children involved in bullying behavior in their school, home, or communities have to develop anger management skills to reduce bullying behavior. Family and school have to encourage children to improve their skills in anger management so that they can build a good relationship with each other

REFERENCES

1. Badan Pusat Statistik Berita resmi statistik Provinsi Jawa Barat. Edisi No. 27/07/32/th
2. hort D. The evolving science of anger management. *J Psychother Integr.* 2016;26(4):450-61.
3. ooth J, Ireland JL, Mann S, Eslea M, Holyoak L. Anger expression and suppression at work: causes, characteristics, and predictors. *Int J Confl Manag.* 2017;28(3):368-82.
4. ailey CA, Galicia BE, Salinas KZ, Briones M, Hugo S, Hunter K, et al. Racial/ethnic and gender disparities in anger management therapy as a probation condition. *Law Hum Behav.* 2020;44(1):88-96.
5. skari I. The Role of the Belief System for Anger Management of Couples with Anger and Aggression: A Cognitive-Behavioral Perspective. *J Ration - Emotive Cogn - Behav Ther* [Internet]. 2019;37(3):223-40. Tersedia pada: <https://doi.org/10.1007/s10942-018-0307-5>
6. rip S, Bora C, Sipos-Gug S, Tocai I, Gradinger P, Yanagida T, et al. Bullying prevention in schools by targeting cognitions, emotions, and behavior: Evaluating the effectiveness of the REBE-ViSC program. *J Couns Psychol.* 2015;62(4):732-40.
7. osephs L, McLeod BA. A theory of mind-focused approach to anger

- management. *Psychoanal Psychol.* 2014;31(1):68–83.
8. vonika G, Verauli R. Penerapan Group Anger Management Dan Problem Solving Training Dalam Menurunkan Agresi Pada Remaja Di Lpka. *J Muara Ilmu Sos Humaniora, dan Seni.* 2020;4(1):1.
 9. onigro A, Schneider BH, Laghi F, Baiocco R, Pallini S, Brunner T. Is Cyberbullying Related to Trait or State Anger? *Child Psychiatry Hum Dev.* 2015;46(3):445–54.
 10. arvey C, Jedlicka H, Martinez S. A Program Evaluation: Equine-Assisted Psychotherapy Outcomes for Children and Adolescents. *Child Adolesc Soc Work J* [Internet]. 2020;37(6):665–75. Tersedia pada: <https://doi.org/10.1007/s10560-020-00705-0>
 11. onzález-Gómez AL, Farrington DP, Llorent VJ. Descriptive and quasi-experimental studies about moral emotions, online empathy, anger management, and their relations with key competencies in primary education. *Int J Environ Res Public Health.* 2021;18(21).
 12. omes AM, Martins MC, Farinha M, Silva B, Ferreira E, Caldas AC, et al. Bullying's negative effect on academic achievement. *Int J Educ Psychol.* 2020;9(3):243–68.
 13. svaroglu SY, Bekirogullari Z. Cognitive Behavioural Therapy Treatment for Child Anger Management. *Eur J Soc Behav Sci.* 2020;28(2):112–8.
 14. shar M. Pengaruh Anger Management Training terhadap Penurunan Perilaku Agresi pada Siswa Bermasalah di SMP X Bandung. *J Psychomutiara.* 2021;4(1):1–10.
 15. arolina C, Tjakrawiralaksana MA. Efektivitas intervensi teen anger management and education dalam mengatasi masalah kemarahan dan agresivitas pada remaja perempuan. *J Ilm Psikol Terap.* 2021;9(2):200–10.
 16. ou G, Xiang Y, Sun X, Chen L. Link between cyberbullying victimization and perpetration among undergraduates: Mediating effects of trait anger and moral disengagement. *Psychol Res Behav Manag.* 2020;13:1269–76.
 17. affney H, Ttofi MM, Farrington DP. Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis. *Campbell Syst Rev.* 2021;17(2).
 18. ees L, Friedman R, Olekalns M, Lachowicz M. Limiting fear and anger responses to anger expressions. *Int J Confl Manag.* 2020;31(4):581–605.
 19. intori A, Ciancimino G, Palomba R, Clementi C, Cerbara L. The impact of socialization on children's prosocial behavior. A study on primary school students. *Int J Environ Res Public Health.* 2021;18(22).
 20. ade A. Responding to an incident of bullying at work: An opportunity to create a zero-tolerance culture. *Psychol J.* 2018;21(1):75–83.
 21. ckson DJ, Laursen B, Valdes O, Stattin H. Derisive Parenting Fosters Dysregulated Anger in Adolescent Children and Subsequent Difficulties with Peers. *J Youth Adolesc* [Internet]. 2019;48(8):1567–79. Tersedia pada: <http://dx.doi.org/10.1007/s10964-019-01040-z>
 22. haux E, Barrera M, Molano A, Velásquez AM, Castellanos M, Chaparro MP, et al. Classrooms in Peace Within Violent Contexts: Field Evaluation of Aulas en Paz in Colombia. *Prev Sci.* 2017;18(7):828–38